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ABSTRACT

This booklet focuses on the role of interagency agreements in facilitating the transition of young children and their families from early intervention services to preschool services as children turn 3 years of age. Interagency agreements can be viewed as an "invisible brace" supporting families and staff as they consider many issues in moving from one service system to another. Interagency agreements can expand educational options while reassuring those legally and fiscally responsible for children's educational programs that they are acting properly. The role of service programs and the local interagency council in developing an interagency agreement for transitions is discussed. Laws that underlie the services for young children with disabilities and special needs are reviewed. Issues to be considered in drawing up an interagency agreement include: guidelines to promote continuity of services, avoiding duplication of assessment, logistical and technical support issues, and the level of formality. Two vignettes describe service transitions and the impact of interagency agreements. Components of a good interagency agreement are listed. The booklet closes with an interagency agreement currently in use and a model agreement. (JDD)

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INTERAGENCY AGREEMENTS

Improving the Transition Process for Young Children with Special Needs and Their Families

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Family And Child Transitions into Least Restrictive Environments
University of Illinois at Urbana-Champaign

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THE IMPORTANCE OF TRANSITIONS— AND THE AIMS OF FACTS/LRE

Transition—a process in time that occurs between events—takes place throughout our lives. There are the transitions we make quite frequently—traveling between home and work, picking up children after school, cleaning the house or apartment before receiving guests. And then there are transitions that signal the start of a whole new set of activities and routines.

Remember your first day of school? Your child's first day of school or day care? The first day on a new job?

How did you plan for these important transitions? Did you visit in advance? Purchase new clothes? Get a haircut? Double check the bus route?

Transitions often work best if they are planned. Presidents and governors have "transition teams" to assist with these milestones in their lives. The rest of us generally get by without dozens of paid helpers. Still, the decisions that are made, the events that take place and the feelings that arise during transitions have profound consequences in all of our lives.

Young children with special needs and their families experience several transitions. The first transition occurs when the child is born and becomes a member of the family. Other transitions take place as a child's disability or special need is identified and relationships with service providers are established. Later transitions take place as changes are made from one service provider or educational setting to another.

FACTS/LRE means Family and Child Transitions into Least Restrictive Environments. Our project produces publications and offers direct technical assistance to see that the transitions experienced by young children with special needs and their families are not treated as an afterthought but are given the serious attention they deserve. We focus especially on the transition that occurs as a child approaching age three prepares to exit from early intervention services. However, most of our materials are also relevant to transitions that occur at other ages.

About the FACTS/LRE Information Series: This booklet is one in a series designed to provide practical information to the various audiences concerned about transitions: families, educators, service providers, and members of state and local interagency councils. For more information about FACTS/LRE, please turn to the back of this publication.

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Improving the Transition Process for Young Children with Special Needs and Their Families

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A publication of FACTS/LRE
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This booklet focuses on the role of interagency agreements in facilitating the transition of young children and their families from early intervention services to preschool services as children turn three years of age. Each year more and more children are receiving early intervention and preschool services; the number of agencies providing services likewise is growing as are the range of options for service delivery. Procedures are needed to assist families and the programs which serve their children to plan for the transition from one agency to another. Planning must focus on a number of issues to ensure that services to the child are not interrupted and continue to meet the child's individual needs. Some of the issues include: the timing of transition, assigning responsibility for assessment, determining eligibility for preschool services, involving and supporting the family in transition planning, considering a range of placement options, including community child care, and paying for early intervention services if placement in preschool services is delayed. Interagency agreements can be viewed as an "invisible brace" supporting families and staff as they consider many issues in moving from one service system to another. The role of service programs and the local interagency council in developing an interagency agreement for transitions will be discussed. This booklet closes with sample agreements. But, first, let us begin with the experience of one family whose young child is moving from early intervention to preschool services.

ONE FAMILY'S TRANSITION STORY

Erica was diagnosed with multiple developmental delays at the age of 21 months. A social worker at the well baby clinic asked her mother, Lisa, to sign a release of records, and within a week a home visitor from the United Cerebral Palsy Association (UCPA) called and came to meet with her and her husband, Ronnie. The program that was offered subsequently was home-based physical and occupational therapy combined with parent-child play groups at a rehabilitation center. At least one parent was to be trained to conduct exercises between therapy sessions.

They breathed a sigh of relief when they learned it was covered by a combination of insurance and public funding. But the timing was rough: Lisa and Ronnie had recently agreed it was time for her to get back into the work force. They had done without a second income for as long as they thought they could handle it.

Once they understood that Erica needed early intervention, they both agreed that Erica's needs had to come first and that Lisa's career in studio photography would remain on hold. But they still had to do something to avoid falling farther into debt, so Lisa took a cashier's job in a nearby mall three evenings a week.

The new routines were quickly integrated into their lives. When Lisa received a phone call from the early childhood coordinator of the local school district, it was hard for her to comprehend how rapidly the time had passed. It was now only three months before Erica's third birthday, and the school district was evaluating children in early intervention programs to find out if they qualified for continued services after the age of three. If Erica qualified, the district would be taking over responsibility for the provision of a special education program for her.

The coordinator was quite friendly and said that they had a special class in one of the public schools that would probably suit Erica's needs if she were found to be eligible. The coordinator arranged an appointment for the following week to begin the evaluation and to allow Lisa to visit the classroom.

The evaluation was soon completed and Erica was found eligible for the early childhood program, which would reserve a place for her beginning on the first Monday after her third birthday. Lisa was encouraged to plan to stay in the classroom with Erica for

the first three days to help her get accustomed to the new surroundings.

Ronnie and Lisa were grateful for all the professional services that were offered to Erica and to the school staff's obvious sensitivity. But they nevertheless felt they were losing control over their lives. Because she worked evenings, there was less and less opportunity for Lisa and Ronnie to spend time together as a couple, or all three of them as a family. And it was hard for them to picture that their baby would soon be attending a class in the "big school." They weren't sure if they were ready for that.

To regain some sense of control, Lisa arranged to volunteer one morning a week in the library at Erica's school. That way, she could be more supportive to Erica in this new phase in her life and also get to know the staff at the school. Soon, she landed a flexible part-time position with a local photographic studio and quit her cashier's job. She and Ronnie set aside one evening a week to focus more energy on their own relationship—a long delayed wish.

After she started working in the library, Lisa began to check out books and videos that interested her. One day she excitedly asked Ronnie to look at part of a new publication she had found. "It's about 'least restrictive environments,'" she told him. "Meaning what?" he asked. "Do you think Erica's needs can only be met in a special class in which all the children have developmental delays and disabilities?" "Maybe not," he commented. "But that's the way it's done, right?" "So far, yes. In our school district. But the law says they have to put her in the 'least restrictive environment,' in other words, the most natural setting for any child of that age." Taking his hand, she said, "you're coming with me for the annual review, right?" "Of course." "Well, be sure to read this chapter before we go." That night Lisa had a hard time falling asleep. The school people had been so nice to her. Would she dare to go to the annual review and suggest that their idea of an appropriate educational placement for Erica was unnecessarily restrictive and therefore out of step with the law—as well as the latest research?

INVISIBLE BRACES SUPPORTING THE TRANSITION PROCESS

The first set of transitions in the lives of this family were sparked by the initial discovery that Erica was exhibiting developmental delays. Incorporating new services into their lives required Lisa and Ronnie, as well as Erica, to form new relationships and make changes in their established routines. In this case, the new situation resulted in the postponement of some very important plans that Lisa and Ronnie had already made for their own future. Both the new involvement with the provider agency and the changes they made in their own lives can be viewed as part of the transition that this family went through in their initial adjustment to the knowledge that their daughter had some developmental problems.

What relationships between agencies enabled Erica to be promptly offered the services she needed? The story doesn't tell us, but we can speculate that the UCPA had some understandings, either formal or informal, with local health clinics and medical centers. That interagency agreement allowed the social worker at the well baby clinic to approach Lisa as soon as the diagnosis was made and to arrange the release of records to UCPA, so that they could follow up promptly with a visit to the home and the commencement of services. In this way, an interagency agreement is like an invisible brace, supporting the transition process for an individual family, while the family, wrapped up in its own concerns and anxieties, may never even know it exists.

The next transition that Erica and her parents faced was triggered by the legal framework that underlies public support for children with special needs. Separate laws govern educational services for children with disabilities before and after their third birthdays (see box), so nearly all families have to face changes in service providers—and often in the nature of the services—when the child turns three. As with the earlier transition, Erica's parents chose to make certain changes in their work lives to support the new schedule of their daughter's educational program.

It is clear from the story that interagency agreements facilitated this transition as well. Ronnie and Lisa must have signed a release at some point, permitting UCPA to forward information about Erica to the school district in which they resided. Obtaining that release would have been something the two agencies had agreed on together. Furthermore, there must have been some prior planning between the two

involved agencies (the one "sending" the child and the one "receiving" the child) to ensure that preschool services could begin immediately on the child's third birthday. Again, the family would not need to be aware of the specific understandings achieved between the two agencies. They would not know of the invisible brace that made their own child's transition "seamless," to use a word from the law.

The third transition in this story is only implied. If Lisa and Ronnie are convinced that Erica's educational progress would be as great or greater in an integrated program in which children without disabilities are enrolled —such as a nursery school or child care center—than in the current special class placement, then they may propose that she attend such a setting and receive special services there. If such a proposal is accepted, then a series of arrangements will have to be tailored to the new situation. These might include: transportation, ongoing consultation between the school district and the new provider, training of staff at the new site, determination of who is obligated to pay the weekly or monthly fees at the new site, and a new plan for Erica's therapies.

Will so many issues be resolved expeditiously (or addressed at all) if there is no prior understanding between the agencies involved? Probably not. The absence of interagency agreements often confines many children and families to a narrow spectrum of educational options. It may be easier to direct all eligible children into slots in existing programs under the direct administration of the receiving organization. It is difficult to organize a transition into a less restrictive environment for an individual family that requests it if the sending and receiving agencies have never before sat down and discussed the implications of such a placement decision. Moreover, few families are prepared to push hard for such individual consideration when they get the impression that those responsible for providing their child's program are unprepared for it, or even antagonistic to the idea.

With the support of the invisible brace—an interagency agreement—professionals can be prepared to design placements to meet children's individual needs. As we shall see, interagency agreements can expand the options for children and families, while reassuring those legally and fiscally responsible for children's educational programs that they are acting properly. An interagency agreement (or memorandum of understanding) on transition is a document signed by the agencies legally and fiscally responsible for providing services to children. The agreement is designed to create a framework within which many successful individualized transitions from one service provider to another will take place. Before we continue, let us take a look at the laws that underlie the services for young children with disabilities and special needs.

TWO SEPARATE PROGRAMS FOR CHILDREN UNDER THREE AND OVER THREE YEARS OLD

Part H of the federal Individuals with Disabilities Education Act (IDEA) is known as the Early Intervention Program for Infants and Toddlers with Disabilities. Its purpose is to stimulate collaboration among local service providers to create an integrated "seamless system" of services for children with special needs and their families from the child's birth to the third birthday. It seeks to promote comprehensive and coordinated systems of services that are accessible and easily understood. The establishment of a state-level interagency coordinating council (SICC) is required to maximize statewide coordination among public agencies, provider organizations, parents and advocates. Many states have also encouraged or even legally mandated the formation of similar bodies at the regional or community level.

Children from ages three through twenty-one with special learning needs are served under Part B of IDEA (and under another federal law called Chapter 1 of the Elementary and Secondary Education Act). While Part H and Part B have much in common, there are several differences. Part H calls for an Individualized Family Service Plan (IFSP), attuned to the needs of the family. Part B calls for an individualized educational program (IEP) without an explicit focus on the needs of the family; although parent counseling and training may be included as a related service. (Note: An IFSP may be used for preschool aged children instead of an IEP, if the following conditions are met: a) the IFSP contains all the information required in the IEP, and; b) all the parties necessary to the development of the IEP participate in the development of the IFSP. It is important to note that all services contained in the IFSP are not a legal liability and obligation of the agency responsible for the IFSP or IEP and may be provided and funded by other programs.)

Part H gives states considerable leeway in determining which children are eligible for services and uses noncategorical labels such as developmentally delayed or at risk of developmental delay. Part B gives states the option of using categorical or noncategorical labels and does not include the group of children considered at risk. As of 1993, 9 states require that children, ages three through five, fit into the federally prescribed disability categories; 33 states allow either a categorical label or developmental delay; and 9 states use only developmental delay. The differences in labels and eligibility between the two programs can create tensions when determining continued eligibility for three year olds.

One of the tasks that has been taken on by local interagency coordinating councils (variously referred to as ICCs, LICCs, LICs, or by various state-adopted names, such as Indiana's First Steps Councils) is to develop workable interagency agreements on transition planning so that children and families exiting services under Part H will be prepared for the next stage and so that agencies involved can exchange records and streamline the processes involved in determining eligibility and making placement decisions.

Even if children are not going to be eligible for further services at age

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three, families may nevertheless need help in planning future care arrangements; for instance, selecting a good child care provider, one who may benefit from communication with those who provided early intervention services. If their children are eligible for continued services under Part B, families need to have adequate knowledge and preparation time to help choose among the available educational options and establish relationships with those who will be serving the child.

Both Part H and Part B require that children who are eligible receive the programs and services to which they are entitled in the least restrictive environment. Because of the importance of this term, which is popularly shortened to the acronym LRE, we have explained it in a separate box on page 12.

We saw earlier that Erica's parents had some flexibility in tailoring their own schedules to her various programs. Even though this required compromises in their own life styles, they were able to make these compromises and support her through her transition from early intervention to a preschool special education program. Only at the end of their story were they beginning to wonder about the possibility of including her in a program with children without disabilities.

In the next story we will meet a parent who has less room for flexibility and compromise—because she is the breadwinner and the sole support for her child, Javier. In this case, participation by the child in a natural, community-based setting (licensed family child care) was not something inspired by reading books on the subject but was there all along as part of the mother's survival mechanism.

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ANOTHER FAMILY'S TRANSITION STORY

Javier was born with spina bifida, had surgery at the age of one month, and began therapy soon after. His mother, Carmen, worked full-time, and before Javier was born she had reserved a place for him with a family child care provider who spoke Spanish.

Luckily for Carmen, the provider, Awilda, had always wanted to go to nursing school. She was not at all frightened by the baby's disability and was receptive to Carmen's suggestion to have the physical and occupational therapist come to her home for his therapies (and also teach her how to work with Javier). The only thing Awilda asked was that the therapists spend a few minutes playing with the other children in her care. "That's my rule—if you come into my home, you pay attention to all of my children!"

When Javier was two and one half years old, his service coordinator at the home-based Early Intervention Program (EIP) invited the early childhood special education coordinator for Javier's school district to a meeting to review the progress being made on Javier's IFSP goals and to initiate transition planning. This invitation was in keeping with an interagency agreement EIP had signed with three of the local school districts. An interpreter was present at Carmen's request. Awilda was also able to be present, thanks to a substitute caregiver paid for by the local child care Resource and Referral.

They started with an overview of Javier's recent progress and then turned to the options for continuing services when he turned three in April of the coming year. Based on the favorable report on his participation in Awilda's family child care home, the coordinator recommended that he stay there until the following fall, when he could join one of the district's early childhood special education classes. The level of his disability left no doubt of his eligibility for services. She would use the results of the assessments currently being conducted by the therapists from EIP to fulfill some of her requirements for the formal case study that had to be conducted to verify eligibility. For the rest of it, she would arrange with Awilda to send a school psychologist to the home at a convenient time to observe Javier while engaged in his normal activities.

If the assessment indicated that ending Javier's therapies in April would hurt his progress, then the district

would offer therapy until Javier began his new preschool program in September. The school district was able to deliver therapy only at its school sites. However, thanks to the interagency agreement, the district also could contract with the EIP therapists to provide it at Awilda's home. Once Javier began to participate in the special class the following fall, any needed therapies would be provided on-site at his new school.

Carmen's work schedule required that Javier be bussed to and from Awilda's home for the program. The school district would provide transportation.

Just when it seemed that everyone was content with the transition plan, Carmen and Awilda began talking together in Spanish, telling the interpreter not to translate yet. After a brief dialogue, Carmen signaled to the interpreter to go ahead, and the latter explained that Awilda could not afford to maintain a place for Javier unless she received payment for a full day's program. Carmen was reluctant to pay a full time fee if Javier was there for only 6 hours a day. Could the school district pay something to Awilda? Awilda had faithfully worked with Javier and never asked for an extra penny. Her income as a licensed provider depended on enrolling the maximum number of children allowable at the full-time rate.

This was a question that could not be easily answered. What justification could there be for paying for any other program when Javier would already be receiving his free appropriate public education in the early childhood program? The school district could not legally pay for child care. Nor did the school district offer an extended day or after-school program for preschool-aged children.

In the year since the interagency agreement had been written and signed, such an issue had not arisen, and no policy covered it. The agreement enabled the two agencies to smoothly transfer records, collaborate between agencies, and plan creatively for continuity of services. Now a new question would send them back for more discussion. It seemed that once you took seriously the idea of moving children into least restrictive environments, no interagency agreement was ever going to cover all the bases. There would always be a new challenge to negotiate.

PRIOR AGREEMENTS MAKE POSSIBLE INDIVIDUALIZED TRANSITIONS

Javier e su madre tenian mucha suerte! ("Javier and his mother were very lucky!") They sat down with the professionals operating under Part H and Part B and came out with a plan tailored to Javier's educational needs and to the realities of their family situation. The plan specified the nature of services to be delivered, who was responsible for delivering them, the timetables for starting and ending, and who would pay for the special services.

Such a uniquely designed plan was only possible because the EIP (the "sending" organization) and the local school district (the "receiving" organization) had a working understanding of their respective commitments and obligations to children and families, which they had put in writing, in the form of an interagency agreement. This agreement acted as a brace—once again, invisible to Carmen, Awilda and other individuals involved in carrying out the transition plans, but absolutely essential to making the plan possible.

As illustrated in Javier's story, even the most intelligently crafted interagency agreement will not cover every possible scenario that arises or completely satisfy everyone's desires. But without the prior understandings achieved through an agreement, it is hard to imagine many transition meetings resulting in the kind of effective blending of available resources that this meeting achieved. Even when a child is following a relatively commonplace route into a school-based, early childhood program, interagency agreements are needed for transfer of records, evaluation of the child, facilitating contact between sending and receiving staffs, and providing the family with needed information and support. There are a great many more details to be addressed in the transition, as we saw in the case of Javier, when the the child is to receive some or all of the services in a community-based environment.

A clear interagency agreement will not eliminate all conflict and disappointment when it comes to the development of individual transition plans. Families will not always get the services they would like to have. Sending and receiving organizations will not always see eye-to-eye on how the children's and families' interests can best be served. Differences may be due to the differing laws to which

they must adhere, to differences in professional training and philosophy, or to competition over funding or "turf". These various issues may or may not be openly acknowledged. However, joint understanding of the obligations to which sending and receiving organizations have committed themselves will reduce these conflicts and any tug-of-war between programs that some families experience during transition.

SPECIFIC COMPONENTS OF INTERAGENCY AGREEMENTS

The components and contents of interagency agreements may vary somewhat from state to state and from community to community, as they may incorporate policies or practices that have been promoted (or required) by state or local educational authorities, parent groups and other important players in the process of transition. However, there are many issues that every sending and receiving organization needs to consider in drawing up an interagency agreement.

TIMELINES AND GUIDELINES TO PROMOTE CONTINUITY OF SERVICES

The sending and receiving agencies often operate on differing schedules. Because children must be five years old by a specified month and day in order to enroll in kindergarten, many early childhood special education programs have adhered to a similar date of entry for children at age three. This policy can create serious problems. Federal regulations for Part B guarantee a free appropriate public education for children who are three and require that transition planning occur to ensure that services are not interrupted. Funding for children receiving early intervention programs cease on the third birthday. Children cannot be left without services simply because their birthdates occur at "inconvenient times" for the school calendar year. Timelines and guidelines are an important feature of an interagency agreement. Legally, planning for transition must begin at least 90 days before the child's third birthday. The agreement can specify the timeline and steps to determine eligibility for continued services, and to move from one service to the other without an interruption in services When the federal law called for the development of a "seamless system," this is what it had in mind.

If the receiving organization does not accept all children year-round as they turn three, they may develop an agreement with the sending program to contract for continued services for some children. This is allowable under federal regulations as long as the services meet the identified needs of the child, as specified in the IEP (or IFSP), are delivered at no cost to the family, and meet all statutory requirements of Part B. A series of interim alternatives may be identified in the agreement, with the most appropriate one for the individual family selected when the individual transition plan is generated. Again, such alternatives must be consistent with the principles of free appropriate public education and ensure continuity of services for the child.

AVOIDING DUPLICATION OF ASSESSMENT

Developing protocols to avoid duplication of diagnostic assessments and to conduct them at a time and in a place where the child is comfortable is another important feature of interagency agreements. In Javier's case, this was accomplished by an understanding that the receiving organization (the school district) could use some of the assessments already being conducted by the sending organization, and could conduct any additional assessments while the child was in his "natural environment", the family child care home. The agreement might specify the roles that family members play in the assessment and timelines for notification of the family.

LOGISTICAL AND TECHNICAL SUPPORT ISSUES

Transportation and other logistical issues, such as how to communicate with and conduct conferences with parents who are non-English-speaking are points to address in the agreement. The arrangements that sending and receiving organizations make to facilitate parental visits and orientation to their new settings should be included. A time for staffs of sending and receiving agencies to meet with one another also can be specified in the agreement.

Framers of the agreement need envision the logistical and technical support issues that arise when children receive services in child care homes or centers. For instance, will the sending or receiving organization take responsibility for orientating staff of the child care program about the special services which will be delivered to the child in their setting. Will they provide training to staff in implementing components of the child's IEP? If asked, will they attend parent meetings there to answer questions from parents of nondisabled children? What level of ongoing consultation—or even extra staffing—will be available to these types of settings, how will it be funded, and who will provide it?. Spelling out the range of accommodations in advance in the interagency agreement, may allow agency staff to give serious consideration to alternative placements in community settings.

It should be noted that the number of child care and early childhood education settings prepared to accept and work with children with special needs has been vastly

expanded by the passage of the Americans with Disabilities Act (ADA), which prohibits discrimination in all public accommodations on the basis of disability. Since the relevant provisions of this act took effect in 1992, increased training efforts have taken place to help preschool and child care professionals understand what it means to make "readily achievable modifications" as required by the law.[1]

As a result of these and many other efforts, organizations charged with responsibility for delivering programs to children with special needs are likely to find more receptivity in community-based, non-specialized settings than may have been the case in earlier years—particularly if early intervention providers and local educational authorities (LEAs) are ready to provide support in the form of training, staffing and consultation. It cannot be assumed in advance that every setting will be willing to accept any given child, since even under the ADA, programs are not legally required to accept children whose disabilities pose an "undue burden" or would require a "fundamental alteration." However, even these legal barriers can be surmounted in certain cases; for instance, if a school district is able to provide a one-to-one aide to attend the program with the child, his or her presence may no longer pose an undue burden.

1 Modifications can include the purchase of special toys or equipment, rearrangement of rooms to provide a greater sense of structure or to allow the passage of wheelchairs, changes in behavior management approaches, etc. For instance, the Illinois Planning Council on Developmental Disabilities is sponsoring training for approximately 75 "inclusion leaders" in 1993-94, who would work to see that more children with diverse needs could be served in licensed child care facilities. In Atlanta, the United Cerebral Palsy Association initiated a project in 1992 called Action for Better Child Care, with the same aim. In Ohio, the Early Integration Training Project had a similar focus.

WHAT ARE "LEAST RESTRICTIVE ENVIRONMENTS?"

The language of Part B of IDEA states that removal of children with disabilities "from the regular educational environment occurs only when the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily."[2]

The implications of this language are fairly clear in the context of school-age children. But does it apply to young children with special needs, when public school classes generally do not include three and four year olds without disabilities[3]? A clarifying "comment" by the U.S. Office of Special Education Programs in 1989 remains the major document guiding interpretation of least restrictive environment (LRE) for young children.

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The comment stated that an eligible child's LRE requirement could be met in three ways. Summarized, they are: (1) Participation at least part of the time in Head Start or another public agency serving preschool children; (2) Placement in a private setting that may or may not enroll additional children with disabilities; (3) Locating segregated classes for eligible children in regular elementary schools.

Since the principle of LRE is supposed to result in a student with disabilities participating in a setting comparable to one serving his or her peers who do not have disabilities, and since an increasing number of the typically developing peers are attending a variety of preschool, nursery school, and child care settings, educators and advocates seek participation in these settings (generally corresponding to #1 and #2 in the federal "comment") as most attuned to the LRE concept. As of 1993, however, the largest number of states and local boards of education are addressing the LRE requirement through option #3—the placement of special classrooms in regular school buildings.

The federal "comment" is an example of administrative law and as such may eventually be challenged in court by families who think that segregated classrooms, no matter where they are located, are not truly consistent with the meaning of LRE as intended by Congress.

A growing number of school districts and special education units around the country have ventured to meet the LRE requirement by initiating services in a variety of community-based preschools and child care settings. Those who have done so have mostly reported great satisfaction with the gains children have made, with the response from families, and with the emergence of successful collaborations among their own staffs and the community-based providers with whom they work.

[3]Part B, Section 612 (5) (B), of the Individuals with Disabilities Education Act.

[4]This discussion is adapted from Smith, B.J. & Rose, D.F. (1991). Identifying policy options for preschool mainstreaming. Policy and practice in early childhood special educaiton series. Pittsburgh, PA: Allegheny-Singer Research Institute.

A GREATER SPECTRUM OF OPTIONS

The 1993 federal regulations governing transition to preschool services from early intervention services (Part H Sec.303.148) requires that, with the approval of the family, a conference among the lead agency, the family and the local educational agency be convened, "at least 90 days before the child's third birthday" (p.40967, Federal Register, June 30, 1993). Many families have reported that they would like planning to begin even sooner. This is not surprising, if you stop to consider how long in advance many families of children without special needs make plans for their children's entry into early childhood or school programs.

As best practice, we recommend starting the transition process six months before the actual transition for many children exiting an early intervention program, when

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possible. Families and staff need time to identify program options, arrange assessments and determine eligibility, convene the multi-disciplinary conference, develop the Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP), visit the new receiving program, arrange transportation, and transmit records.

Starting early enough also assures that there will be time to explore a range of options, including community settings which primarily serve children without special needs. The child care staff will need time to learn about the IEP—or, better still, help to write the IEP based on functional skills that will be important in the new setting. They will need time to determine which of their classrooms is best prepared to work with the child, and to make decisions about how training and consultation will take place.

A major barrier to placement in community settings can be fiscal: who pays the child care fees?[4] The issue should be addressed in the interagency agreement. A range of options can be considered. The agreement may state that the LEA will pay only for the staff that deliver services and consultation, leaving the fees or tuition to be resolved between the parent and the provider. Or the LEA may commit to paying up to the amount that it typically spends in its school-based programs. Or it may pay the full-day child care fee, or a part-day fee, based on the number of hours it would have served the child in a specialized program. The interagency agreement may indicate where families can be referred for information on child care subsidies and who will inform them about it.

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[4]Most school policies regarding payment of fees to nonpublic institutions are very restrictive because they were appropriately trying to limit the number of students placed into more restrictive environments. Taking children out of public schools and placing them into community-based child care settings, of course, goes in the reverse directions—toward less restrictive, more natural environments. Thus it would make sense to adopt more flexible policies for this type of placement. (Private nonspecialized early childhood settings also charge fees that are a mere fraction of what the private special educational settings for older students have charged. This is a second reason why it would be appropriate for LEAs to adopt more flexible policies for early childhood placements than for school-age placements.)

TIME LINE AND SERVICE COORDINATOR

A good interagency agreement includes a standard time line (which can be individualized to fit each case) to guide sending and receiving staff and families from the planning phase through the entire transition process. Time lines delineate the specific actions anticipated, a number of days or weeks for their completion, and individuals responsible for the actions or tasks.

Interagency agreements can also specify how a service coordinator will be designated for each family going through transition. How will such persons be selected? What obligations will the sending and receiving organizations carry in relation to the service coordinator (to provide information in a timely fashion, to be available for meetings and problem-solving, to carry out tasks that the service coordinator deems important)? Parents in many locales are recognized as having the right to serve as their own service coordinators. The interagency agreement needs to acknowledge whether this option is available, and if so, how the agency staff will be accountable to the parent and vice versa.

WHO SIGNS AN INTERAGENCY AGREEMENT?

Only those agencies that are legally and fiscally responsible for seeing that services are provided to eligible children should become signatories to an interagency agreement. This includes:

- Organizations receiving community, state, or federal funds to provide early intervention services: these will be the sending organizations;
- Local education authorities (LEAs) with responsibility for providing special education programs and services: they will be the receiving organizations.

Some agencies will play more than one role. They may be the sending organization for some children, the receiving organization for others. Other agencies may play a related role: providing some, but not all, services to the child or family. When a single agency is acting as the sending and receiving organization for a child and family (because it has contracts or authority under both Part H and Part B) there may be less need for a formal interagency agreement. For instance, records and assessment data are already available under a single roof and staff of the early intervention and early childhood components of the organization may already have working knowledge of one another's programs. But even in this instance, drawing up a memorandum outlining the process for transition is a useful idea. Parents of children under three, for instance, may not be familiar with the facilities or classrooms used for children three and over or with the staff of that program. The purpose of agreements is not just to "grease the wheels" between the agencies involved but to assure that the whole process is family centered and maximizes the options given consideration .

THE LOCAL INTERAGENCY COUNCIL

Only the parties with the fiscal and legal responsibility for early intervention and special education will sign the agreement. Even so, others, who may have a role to play in the delivery of services, and parents, who wish to have an active voice in the formulation of local policy, should be included in the discussions leading up to the agreement. The local interagency council is the most logical forum in most communities for such discussions to take place. The issues that arise during the development of the agreement should be shared with other members of the council to raise awareness among agencies regarding their similarities and differences. The discussions may lead to the identification of policies which raise barriers to collaboration, do not appear to be family friendly, are not optimal in supporting children's development, or impede consideration of alternative services, such as community child care. In some cases, ideas generated by those directly involved in an agreement will be relevant to other council members who have important roles to play in shaping the seamless system of service delivery. An important by-product of interagency agreements (and of the discussions accompanying the writing of agreements) will be changes of policies by some agencies. Others will not change policies but will have the opportunity to clarify why they are committed to their current practices.

Membership on these councils has generally included representatives of hospital and health agencies, human service and rehabilitation agencies, early intervention programs, public schools, parents, and advocacy and service organizations involved with people with disabilities. Child care resource and referral agencies, Head Start grantees, early childhood associations, and family day care networks are groups often overlooked, but who can play important roles in considering community placements or dual placements.

The agreement is important to groups who are not included as signers too. It will spell out general ground rules governing situations in which these agencies may receive support for services they render to children. For instance, the agreement might specify actions that should occur if a child care setting is proposed as the preschool site for a child with disabilities. Actions might include: a visit to the site by staff from the LEA to meet with the child care director and the child's family, to assess the appropriateness of the placement and the nature of

support needed. The child care center would become very much a part of the transition plan for this child and family, but would not be a signatory to the interagency agreement between the sending and receiving organization. (In order to avoid confusion, we are calling only the organization with the fiscal and legal responsibility the receiving organization. If the program where the child receives services (such as a child care agency) is not the one with the fiscal and legal authority under IDEA, we are simply calling it the site or location of service delivery.)

WHAT LEVEL OF FORMALITY?

Written formal agreements allow for clear designations of obligation and authority and can be essential when fiscal obligations are involved. However, some agencies prefer a more simple memorandum of understanding which alludes to common understandings that have been discussed, but does not spell them out in black and white. Memoranda of understanding may be more suitable in some communities where an ongoing relationship already works well, or when there are so many layers of bureaucracy required to approve a formally signed interagency agreement that the task becomes insurmountable.

In some metropolitan areas, several early intervention agencies may be facilitating transitions for children going into dozens of different school districts. Each early intervention program and each LEA may be a part of the same local council but each may have its own different practices. It may not be possible to forge one document which all the sending and receiving organizations within the LIC can sign. Nor may it be practical to have each early intervention group craft an agreement separately with each LEA. Perhaps all parties could sign one "master agreement" covering issues such as assessment, transition planning timelines, continuity of services on the third birthday, and transfer of records. Beyond that, it would be up to individual organizations to draft memoranda for other issues, especially those entailing financial obligations.

EVALUATING THE AGREEMENT

The following questions can serve as guides in determining if and when the agreement needs to be revised.

- Has this agreement made it easier to bring about good transitions for children and families?
- Has it helped to bring about more transitions into less restrictive environments?
- Has it been clear what my obligations are in the transition process, and what the obligations of other organizations are to me, when I am providing services?
- Have changes in state or federal policy altered the nature of the intended services in such a way that the interagency agreement should be revised?
- Could a less structured (or more structured) agreement better accomplish the intended goals?
- Are there agencies that no longer participate and should be deleted from the agreement, or new ones that should be invited to sign ?

The agreement itself should indicate whose responsibility it is to facilitate an evaluation—and the quality of the evaluation may benefit by involving individuals other than the parties that signed the agreement. For instance, the agreement may indicate that a Transition Committee or Family Support Committee of the local council will be invited to review the interagency agreement.

COMPONENTS OF AN INTERAGENCY AGREEMENT ON TRANSITION

The following summarizes in bullet form the elements of a good interagency agreement on transition that we have discussed in previous pages.

- Time period covered by the agreement
- Listing of the agencies involved (sending and receiving)
- Brief, separate mission statements of organizations signing the agreement
- Purposes of interagency agreement
- Definition of terms pertinent to the agreement (if needed)
- Designation of general roles and responsibilities:
  - Toward families and children
  - Toward other signatories to the agreement
  - Toward other parties that are not signatories
- Statement of fiscal responsibility, including how services will be paid for when delivered by other than the sending and receiving organizations
- Mechanism for monitoring the agreement, indicating what an agency should do when they don't feel another agency is fulfilling its commitments under the agreement
- Procedures specified for all of the following:
  - Gathering and sharing information
  - Obtaining family consent for release of information
  - Responsibility for assessment
  - Determining eligibility for services
  - Convening the multidisciplinary conference
  - Writing the IFSP or IEP
  - Selection of most appropriate program option
  - Supporting the family through the transition
  - Timing of transition events
  - Transfer of records
  - Discharge report from early intervention provider
  - Orientation and training of staff as appropriate
  - Post-placement communication
  - Evaluating the transition

TOWARD FAMILY-CENTERED TRANSITIONS

As currently practiced, transitions leave many children and families feeling that their needs and aspirations are not at the center but at the periphery of the process, while the service options have been pre-defined by the professionals. The possibility that their children can be served in integrated community settings instead of segregated special programs, often is never considered.

This booklet can be a good discussion starter for staffs of sending and receiving organizations and for members of local interagency councils. When there is no brace undergirding the transition process—no written set of ground rules—many issues will remain unaddressed and options for families may be limited. Without an agreement, service providers may not be able to coordinate their activities well enough to move beyond already established service options. Only when the many challenging issues involved are addressed consciously among all the organizations delivering services will the context be created for truly individualized transitions and individually tailored services.

Following, we offer the text of one local interagency agreement currently in use, and one — a little bit visionary, we admit — of our own design.

TRANSITION PROCEDURES

CHILD DEVELOPMENT CENTER TO ROCKFORD PUBLIC SCHOOLS ROCKFORD, ILLINOIS[1]

GOAL

To improve transitioning of children/families who have received services from CDC and are referred to Rockford Early Education Program. The procedures should bear in mind that we want to offer families the minimum amount of disruption in the child's programming, and we do not want to duplicate services (state mandate).

In addition, communication and program relationships would improve with the organizations working closer together on joint transitioning.

PROCEDURE

1. CDC would identify children between the ages of 2 years, 7 months to 2 years, 10 months who will be referred to Early Education.
2. At 2 years, 9 months or referral age (from CDC), CDC would administer a Batelle and gather other pertinent programming information. This would include other evaluation reports, progress notes, IFSP, etc.
3. CDC will have a release signed so this information can be shared with Early Education school representatives.
4. A monthly meeting will be pre-arranged where representative(s) from CDC will meet with one or two member(s) from Early Childhood Diagnostic Team at Fairview Center. CDC will bring referrals of children ages 2 years, 10 months or date of referral to CDC. Referral folders will have the release and all recent information. A school referral sheet will be attached to each folder. CDC would invite the parents.
5. At that time, each case would be reviewed. Besides test information, parent information and additional insight about the children from CDC will be presented. At this time, a recommendation for the appropriate level of screening/evaluation/staffing/placement would be made. Options include:

a. CIP Screening (A screening instrument geared to Comprehensive Instructional Progress)
   - Those students with incomplete information, especially those children who have not been assessed in all developmental areas.
   - Children who had an isolated evaluation (i.e. speech and language, physical therapy) at CDC but where CDC did not provide any assessment or programming.
   - Students with old evaluations.
   - Students who are approaching age level and appear to be a SEEK[2] referral (all children enrolled in SEEK must be screened with the CIP).

b. Speech/Language Evaluation
   - Those students whose development scores indicate the only area of concern to be in S/L.
   - Those students who have received S/L evaluation and/or Therapy through CDC and Batelle scores indicate other areas approaching age level (exception may be in social/emotional-further information may be necessary).

c. TEAM Evaluation (full case study by a multi-disciplinary team, using play-based observation)
   - Students that show two or more areas of concern (9-12 mo. delay) on the Batelle or whose medical history may indicate need for evaluation in order to refer and arrange appropriate services.

d. Direct Placement
   - Significant delay in all areas. Demonstrate need for greater student-staff ratio. In need of physical positioning. Overall functioning level at about one year or below; to possible scattered skills to 18 mo.
   - Monthly evaluation appointments would be held for referrals from CDC. If unused, these appointments would re-open for referrals from other sources.

6. After level of evaluation is made, CDC would return back to their center with a copy of the school referral sheet and the given appointment date. Folders would be kept at Fairview and given to diagnostic secretary. A follow-up letter reminding parent of appointment will be mailed.

Children from CDC would come in for evaluation some time between 2 years. 10 months and 3 years or as close as possible to CDC referral date. Hopefully, placement would be available and in place before CDC discontinues their programming at 3.

A family consultant from the Early Education Program will tour Fairview Center to interested/potential families. Questions will follow.

PROGRAM OPTIONS

1. No referral.
2. Private pre-school.
3. SEEK (Success in Early Education before Kindergarten), school district's regular education programming for at-risk preschoolers.
4. SEEK or private preschool with ongoing monitoring of progress. Borderline cases; cases which need to be monitored following discharge from special education, or at special parental request.
5. SEEK or private preschool with Speech/Language consultation. Speech/Language consulting services will be made available in the SEEK program or in a private setting selected by the parent when a child demonstrates abilities approaching age level with a mild-moderate delay/deficit in communication or at special parental request.
6. Speech/Language Early Childhood Program. Children whose only area of concern is in communication and possibly social/emotional. Speech/Language skills characteristically show a moderate-severe delay and/or deviant pattern.
7. REEP (Rockford Early Education Program). Children who demonstrate marked delay (approximately 1 year) in two or more areas. Significant medical and/or physical restrictions.

1These procedures continue to be updated and rewritten. We thank the administration of the Children's Development Center in Rockford, Illinois, for allowing us to share with our readers an example of an interagency agreement that is still in progress.

2Success in Early Education before Kindergarten (SEEk) is the local name used for a state-funded prekindergarten program for children identified as being at risk for educational failure.

MODEL INTERAGENCY AGREEMENT ON TRANSITION

TIME PERIOD COVERED BY THIS AGREEMENT

The agreement will begin on August 1, 1993 and will be reviewed and renewed annually.

AGENCIES

1. Early Intervention, Inc.
2. School District # 1
3. Tri-County Special Education District

MISSIONS OF ABOVE AGENCIES

1. Provides services to infants and toddlers with disabilities and their families in Washington County and viewed as the "sending organization" in the context of this agreement.
2. Serving children from age of kindergarten entry through high school who reside in the communities of Clearvue and Weldon; and children eligible for special education from ages 3 through 21, except for certain children whose education is contracted to Tri-County Special Education District. School District #1 viewed as a "receiving organization" within the context of this agreement.
3. Serving certain children eligible for services under IDEA, ages 3 to 21, by criteria agreed upon and reviewed annually with the 18 individual school districts in the counties of Washington, Bolivar, and Anthony. Tri-County Special Education District viewed as a "receiving organization" within the context of this agreement.

PURPOSES OF THIS AGREEMENT

We recognize that a transition from early intervention to an early childhood program is a major event in a child's life. We believe that family participation is crucial to a successful transition and wish to include families in all aspects of transition planning. Our commitment is to keep each other well informed, to avoid duplication of effort, to provide services that are of the highest possible quality, to ensure that needs and aspirations of families and children are at the

center of each child's transition, and to deliver services in the least restrictive environment that is appropriate for each child.

LONG-TERM TRANSITION PLANNING

Each of the above named will designate a "lead" staff member to coordinate transition activities on behalf of children under the age of kindergarten. (The same person may or may not be designated for the transitions into kindergarten and beyond.) The other parties to this agreement will be expeditiously informed whenever this responsibility is delegated to someone new. There is no presumption that these individuals will serve on all transition teams set up for individual children, but they will be considered responsible for long-term transition planning—in collaboration, whenever possible, with other members of the local interagency council (LIC) designated to address transition issues.

Those designated individuals, either in the context of a Transition Committee of the LIC or constituted separately from the LIC as an interagency transition planning team will work to create a foundation of community-wide understandings which will enable the transition teams for individual children to be most effective. Their tasks will include the following:

1. Project the numbers of children (and identify the individual children) who will be leaving Part H services and will need to be assessed for continued eligibility under Part B, so that individual transition teams can begin their work at least six months in advance of the event.
2. Develop or revise procedures for transferring records. The sending agency will assume legal and financial responsibility for records it forwards to the receiving agency.
3. Discuss the types of assessments normally completed by their organizations and determine the best ways for meeting legal requirements under IDEA while minimizing the duplication of efforts and the intrusiveness to the child. Develop protocols which allow for staff of all the above named to share results and cooperate in conducting assessments in one another's facilities and in any sites where children are receiving services.
4. Contribute expertise and funds to inservice training for staff involved in transitions, seeking to cross organizational and turf boundaries so that those employed by various agencies can benefit from good training opportunities and enhanced, community-wide communication.
5. Seek to widen the options for service delivery in least restrictive environments by initiating communication and site visits to locations serving children of comparable ages without special needs; e.g. child care homes and centers, Head Starts, nursery schools.

6. Develop criteria for determining when it is appropriate to provide a child's free, appropriate public education in a nonspecialized setting.
7. Develop guidelines to enable payment of fees to such nonspecialized agencies as listed above, as well as assignment of staff to such service delivery locations.
8. Produce and periodically revise a family-friendly resource listing that briefly describes available program options for eligible children, including special education programs as well as nonspecialized programs where children may receive special education services.
9. Periodically review and propose revisions in the interagency agreement.

TRANSITIONS FOR INDIVIDUAL CHILDREN

Each child who makes a transition will receive transition planning services from a transition team. Members will include any or all of the following:

1. Members of the child's family or legal guardians.
2. A staff member from the sending organization (Early Intervention, Inc.), who is familiar with the child and family.
3. A staff member from program (s) where the child is currently receiving services, if that is other than the sending organization[5].
4. A staff member from the receiving organization (District #1 or Tri-County).
5. A staff member from any program that is anticipated to be the location of service delivery when the receiving organization assumes responsibility for the child's special education program.
6. Other persons may also participate as members of the transition team if invited by or acceptable to the child's family.

EXPECTATIONS FOR TRANSITIONS OF INDIVIDUAL CHILDREN

1. Parents and receiving organization will be notified of the upcoming transition no less than nine months in advance.
2. First transition planning meeting will be convened by sending organization no less than six months before end of Part H eligibility.
3. Determine how multidisciplinary assessment for further eligibility will be conducted, to minimize intrusiveness, avoid duplication, and maximize usefulness of information.
4. Arrange for someone to accompany the family (if desired) on program visits to various options under consideration (if there is a likelihood the child will be eligible for continued services).

5. If child is not expected to be eligible for continued services after age three, but family does not anticipate providing full-time in-home care to the child, help family decide preferred future care arrangements, e.g. seek information about child care options and subsidies and enable a successful transition into a nonspecialized setting.
6. Arrange for health screening and immunizations as needed.
7. If new service delivery location is a nonspecialized, least restrictive environment, develop plan whereby either sending organization, receiving organization, or both take responsibility for conducting initial inservice training and providing ongoing services such as consultation, clinical services, and staffing at site where child will be served.
8. Complete a written transition plan to include the family and program responsibilities at least one month in advance of transition.
9. Sending organization provides discharge report to the receiving organization at least 30 days prior to the termination of early intervention services, with copy to any program other than receiving organization which will be providing services under the new plan. If the formal final discharge report cannot be prepared until after the termination of early intervention services (and thus too late to be helpful in transition planning), an interim or preliminary discharge report will be made available within the time line specified above.
10. Evaluate the success of the child and family's transition.

Signatures of authorized agency representatives

[1]For instance, if a child is dually enrolled, attending a developmental center operated by the sending organization and also attending a child care setting, a representative of the child care setting will be invited to participate.

ADDITIONAL RESOURCES

Joining Forces, American Public Welfare Association, Center for Law and Social Policy, Council of Chief State School Officers, & Education Commission of the States. (1992). Confidentiality and collaboration: Information sharing in interagency efforts. Denver: Education Commission of the States (ECS) Distribution Center.

Mattessich, P.W. & Monsey, B.R. (1992). Collaboration: What makes it work. St. Paul, MN: Amherst H. Wilder Foundation.

Neisworth, J.T. & Fewell, R.R. (Eds.) (1990). Transition [Special issue]. Topics in Early Childhood Special Education, 9 (4).

Rosenkoetter, S., Hains, A.H. & Fowler, S. (1993). Bridging early services: Transition planning for young children with special needs and their families. Baltimore: Paul H. Brookes Publishing Co.

Swan, W.S. & Morgan, J.L. (1993). Collaborating for Comprehensive Services for Young Children and Their Families/The Local Interagency Coordinating Council. Baltimore: Paul H. Brookes Publishing Co.

THE FACTS/LRE PROJECT

The FACTS/LRE project, initiated in January 1993, is an outreach/technical assistance grant funded by the federal Office of Special Education Programs, Early Childhood Branch. The Project Director is Dr. Susan Fowler.

BACKGROUND

The passage of Public Law 99-457 in 1986 created two early childhood programs for children with special needs, intended to provide a seamless service system for families and their young children between birth and age 5. Planning is required to avoid ruptures in this system when families and children change service providers.

Programs report confusion regarding their roles and responsibilities related to transition between services, screening, referral, evaluation, exchange of records, planning of transition, provision or continuation of services and conflicts regarding placement decisions, extended school year, procedural safeguards, preparation of personnel and other issues. At the same time, families describe a service system that too often is not responsive to their needs, not culturally and linguistically sensitive, and not delivered in the least restrictive environment.

PROJECT ACTIVITIES

Our two outreach channels are publications and technical assistance. In both our writing and our direct technical assistance, we encourage communities to build the following five components into the transition process:

1. Interagency agreements among service providers at the state and local levels.
2. Transition planning for families to ensure they can make informed decisions.
3. Timelines and guidelines which cover child assessments, transfer of records, program visits and other matters.
4. Strategies to promote entry and adjustment of children—with specific emphasis on successful entry into nonspecialized, community-based settings to receive services in the least restrictive environment.
5. Evaluation of the process.

LAYOUT & DESIGN: GRAPHIC SOLUTIONS, CHAMPAIGN, IL

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HELEN BAIR, PROJECT CONSULTANT, is an assistant professor of early childhood special education at Eastern Illinois University. Previously, she organized and led a local interagency council and was associated for many years with an early intervention program in central Illinois, where she helped to pilot an innovative effort to promote least restrictive environments for children under three. Out of that experience grew a manual, *Day Care for All Children*, to which she was a contributing author.

DALE BORMAN FINK, PROJECT COORDINATOR, has developed training to expand the participation of preschoolers and school-age children with special needs in regular child care settings. His survey of child care resource-and-referrals in Illinois resulted in a report titled *Toward New Strategies for Inclusion* (1993, Illinois Department of Children and Family Services). He is also the author of a training manual, *More Alike Than Different* (1991, New Jersey Office of Child Care Development).

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MIKE WISCHNOWSKI, PROJECT TRAINER, has been an early intervention program director and the coordinator of a local interagency council. He has conducted presentations on conflict resolution and interagency collaboration at state and national conferences.

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